



DIANA M. BONTA, R.N., Dr. P.H.  
Director

State of California—Health and Human Services Agency  
**Department of Health Services**



GRAY DAVIS  
Governor

November 1, 2002

It is time to renew your environmental health specialist registration. On the back side of this page is the Registered Environmental Health Specialist (REHS) biennial renewal application. California Health and Safety Code (HSC) Section 106700 requires a biennial renewal fee of \$92.00 to be paid by REHSs on or before the first day of January of every second year.

If you do not pay your renewal fee by January 1, 2003, your registration will be suspended and become invalid. A penalty of \$46.00 must be charged if the renewal fee is not postmarked by January 31, 2003 or before. The penalty will continue to accrue for each year or portion thereof that the renewal fee is not paid. If you have not paid the fees and associated penalties within three years, your registration will be revoked. A registration that has been revoked may not be revalidated, and a new application must be filed for registration. You then would need to meet all current requirements and pass the REHS examination.

HSC Section 106695 states that a person who is at least 50 years old or is collecting retirement benefits and has been a working REHS in California for at least ten years in a program area covered by the scope of practice described in HSC Section 106615(e) may renew the registration upon payment of a \$25.00 fee [HSC Section 106700(b)]. A person who pays the retired fee is classified as inactive and may not work in a job requiring registration as an environmental health specialist.

Please make your check or money order payable to **DHS, EHS Registration Program** and mail it with this form in the enclosed envelope. If your registration is paid by a third party such as a county treasurer, please make sure that the check and the renewal form are mailed to the correct address identified on the application form.

Remember that you are required to notify the REHS Program in writing of any change of address. Your registration fees are used to support the activities of the REHS Program. We appreciate your continued support of the REHS profession.

**PRIVACY NOTIFICATION**

This information is requested by the State Department of Health Services under authority of the Health and Safety Code, Sections 106600-106735. This information is mandatory unless otherwise noted and will enable DHS to maintain a registry of all registered environmental health specialists. Failure to complete the necessary information will result in the suspension of registration. No interagency or intergovernmental transfers will be made other than as required by the California Public Records Act. For more information or access to your records, contact the Department of Health Services, EHS Registration Program, MS 396, PO Box 942732, Sacramento, California 94234-7320, (916) 324-8819.



Do your part to help California save energy. To learn more about saving energy, visit the following web site:  
[www.consumerenergycenter.org/flex/index.html](http://www.consumerenergycenter.org/flex/index.html)

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**EHS Registration Program, 601 N 7<sup>th</sup> Street, PO Box 942732 MS 396, Sacramento, California 94234-7320**

Phone: (916) 324-8819

Fax: (916) 323-9869

Internet Address: [www.dhs.ca.gov/ps/ddwem/environmental/REHS/REHS.htm](http://www.dhs.ca.gov/ps/ddwem/environmental/REHS/REHS.htm)

# REGISTERED ENVIRONMENTAL HEALTH SPECIALIST BIENNIAL RENEWAL APPLICATION

**Make corrections as necessary:**

**Mail to:**

Department of Health Services  
EHS Registration Program, MS 396  
PO Box 942732  
Sacramento, California 94234-7320

REHS Number:  
Amount Due: \$ 92.00  
After January 31, 2003: \$138.00  
If qualified as retired: \$ 25.00

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<u>NAME</u> LAST	FIRST	MIDDLE	<u>HOME PHONE #:</u>
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<u>ADDRESS:</u>	NO.	STREET	CITY	STATE	ZIP
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<u>PRESENT EMPLOYER:</u>	<u>TITLE OF POSITION:</u>	<u>WORK PHONE #:</u>	<u>WORK EMAIL:</u>
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OPTIONAL:

_____ Master's Degree	_____ Doctoral Degree	_____ Field of Study	If present or past EH Director, indicate where and when: _____
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## FOR CASHIER'S USE

Environmental Health Specialist Registration Fund No. 335; 81215-4405-125600-02